Department of Electrical & Computer Engineering
Graduate Office

Request to Change Advisor / Advisory Committee

To: Dr. Leda Lunardi, Director of Graduate Programs

From: _____ Date: _____
Committee Chair/Advisor

Re: _____ ID # _____
Student's Full Name

The above student is pursuing: PhD _____
MS: Thesis option _____ **or** Non-Thesis option _____
Major: (CpE) _____ (EE) _____ (CNE) _____
Specialization:_____

Please remove the following members from the committee, who have indicated by their signatures that they are aware of this request: (indicate committee function: chair,minor member,member)

_____ _____
Name Signature
Function:_____

_____ _____
Name Signature
Function:_____

_____ _____
Name Signature
Function:_____

Please add the following members to the committee, who have indicated by their signatures that they are aware of this request: (indicate committee function)

_____ _____
Name Signature
Function:_____

_____ _____
Name Signature
Function:_____

_____ _____
Name Signature
Function:_____

****

Approved: _____ _____
Director of Graduate Programs Date